



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

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Audrey Tayse Haynes
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**UPDATED GUIDELINES FOR THE ADMINISTRATION OF INSULIN BY UNLICENSED STAFF IN
PERSONAL CARE HOMES**

NOVEMBER 4, 2013

Dear Personal Care Home Administrators:

Upon reconsideration of the issues related to insulin administration in personal care homes, the Office of Inspector General hereby advises that the administration of routine doses of insulin may be delegated to unlicensed staff if the following guidelines are met.

Restrictions:

- Unlicensed staff cannot draw up insulin into a syringe from a multi-dose vial or decide what dose to administer.
- Unlicensed staff cannot administer sliding scale insulin.
- Injections given by properly trained unlicensed staff are limited to insulin administration.

Self-administration:

- Self-administration of insulin by the resident is recommended.
- A physician or licensed nurse must conduct an initial assessment of the resident and a follow-up assessment no less than every twelve (12) months or upon a change in condition to assure the resident is capable of self-administration.
- The physician or licensed nurse's assessment of the resident's capability to self-administer must be documented in the resident's record.
- Self-administration should be supervised by facility personnel.

Guidelines for Administration of Insulin in Personal Care Homes by Unlicensed Staff:

- If the resident is not able to self-administer, use of an insulin pen is required.
- All unlicensed staff must be trained and competency tested before they administer or continue administering routine doses of insulin to residents.
- Training and competency testing of all unlicensed staff who administer insulin must be provided no less than annually.
- Unlicensed staff may dial up the dose on an insulin pen and give an insulin injection from an insulin pen ONLY if they have been trained and competency tested by a physician, licensed nurse, or pharmacist.

Training:

- Training and competency testing of all unlicensed staff must be conducted by a physician, licensed nurse, or pharmacist.
- Training must include but shall not be limited to the following components:
 - Proper injection technique and injection sites;
 - Infection control and safety;
 - Use of glucometers, including how to properly clean and disinfect glucometers to reduce the risk of cross contamination;
 - Recognizing the signs and symptoms of hypoglycemia and hyperglycemia; and
 - Contacting medical professionals/seeking emergency help.
- Training and competency testing must be documented in the employee's personnel file.

Additionally, the Office of Inspector General advises that medical staff must not pre-fill syringes from a multi-dose vial for storage of insulin due to factors which could potentially compromise resident safety.

These guidelines shall be effective immediately and remain in effect until further notice. Compliance with these guidelines must begin immediately upon receipt of this letter.

The Office of Inspector General anticipates that a standardized training for insulin administration by unlicensed staff may be available within three (3) to six (6) months from the date of this guidance. Follow-up information regarding the anticipated training curriculum will be provided as it becomes available.

If you have any questions regarding this matter, please contact the Division of Health Care at (502) 564 – 7963.

Sincerely,

A handwritten signature in cursive script that reads "Connie Payne".

Connie Payne
Acting Executive Director
Office of Inspector General